



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
BUREAU OF PESTICIDE CONTROL
CERTIFIED APPLICATOR AND PESTICIDE DEALER APPLICATION

DATE

ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, MARK "N/A".

NAME				SOCIAL SECURITY NUMBER	
OTHER NAMES (MAIDEN, ALIASES, ETC.)					
DATE OF BIRTH	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR
HOME ADDRESS				HOME PHONE	
CITY			COUNTY	STATE	ZIP
BUSINESS NAME					
BUSINESS MAILING ADDRESS				BUSINESS PHONE	
CITY			COUNTY	STATE	ZIP
BUSINESS LOCATION (STREET OR ROUTE)					
CITY			COUNTY	STATE	ZIP

PLEASE CHECK THE CLASSIFICATION OF LICENSE (CERTIFIED COMMERCIAL APPLICATOR, CERTIFIED NONCOMMERCIAL APPLICATOR, CERTIFIED PUBLIC OPERATOR OR PESTICIDE DEALER) AND THE CATEGORIES IN THE CLASSIFICATION IN WHICH YOU WISH TO BECOME LICENSED. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

CLASSIFICATIONS: ☐ Commercial Applicator ☐ Noncommercial Applicator ☐ Public Operator

(1a) Agricultural Plant Pest Control	(7a) General Structural Pest Control
(1b) Agricultural Animal Pest Control	(7b) Termite Pest Control
(2) Forest Pest Control	(7c) Fumigation Pest Control
(3) Ornamental and Turf Pest Control	(8) Public Health Pest Control
(4) Seed Treatment Pest Control	(9) Regulatory Pest Control
(5) Aquatic Pest Control	(10) Demonstration & Research Pest Control
(6) Right-of-Way Pest Control	(11) Wood Products Pest Control

CLASSIFICATION: ☐ Pesticide Dealer (No categories involved)

FOR OFFICE USE ONLY

EX. DATE _____

CTY CD _____

CRC _____

List your employers for the last three years - CURRENT EMPLOYER FIRST a. Company Name b. Address c. Telephone Number Use additional sheets as needed.	IMMEDIATE SUPERVISOR NAME AND TITLE	DATE EMPLOYED				NATURE OF WORK
		FROM		TO		
		MO.	YR.	MO.	YR.	
1. a.						
b.						
c.						
2. a.						
b.						
c.						
3. a.						
b.						
c.						

Answer the following questions by checking yes or no. Explain any yes answers in the space provided. Answering yes to any of these questions does not necessarily disqualify you from obtaining a pesticide license in Missouri. Providing untruthful answers to these questions or untruthful or inaccurate information in any part of the application process is grounds for denial, suspension or revocation of pesticide licenses in Missouri.

1. Do you currently hold any type of pesticide license, permit, certification or registration in Missouri or any other state?

YES

NO

☐

☐
2. Have you ever held any type of pesticide license, permit, certification or registration in Missouri or any other state?

☐

☐
3. Have you had any type of pesticide license, permit, certification or registration denied, suspended, revoked or modified?

☐

☐
4. Have you ever had a civil penalty issued against you as the holder of any type of pesticide license, permit, certification or registration?

☐

☐
5. Are you currently subject to criminal prosecution for or have you ever been found guilty of, entered a plea of guilty or nolo contendere to:

☐

☐
- A. Offenses reasonably related to the qualifications, functions, or duties of any profession regulated under the Missouri Pesticide Use Act?

☐

☐
- B. Offenses an essential element of which is fraud or dishonesty?

☐

☐
- C. Offenses involving an act of violence?

☐

☐
- D. Offenses involving moral turpitude?

☐

☐

EXPLAIN ANY YES ANSWER; USE ADDITIONAL PAGES IF NECESSARY.

REFERENCES - LIST THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS.

NAME	ADDRESS	TELEPHONE

UNSIGNED OR IMPROPERLY COMPLETED APPLICATIONS WILL NOT BE ACCEPTED.

ANY APPLICANT WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS OR ANY DOCUMENT SUBMITTED IN APPLICATION FOR A MISSOURI PESTICIDE LICENSE MAY BE SUBJECT TO THE PROVISIONS OF SECTION 281.101 RSMo.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS PROVIDED IN GOOD FAITH.

SIGNATURE

DATE

ATTACH
HEAD AND SHOULDER
PHOTOGRAPH
HERE
(NOT LESS THAN 2.5
INCHES SQUARE)

Submit this and other required documents to:

DEPARTMENT OF AGRICULTURE

BUREAU OF PESTICIDE CONTROL

P.O. BOX 630

JEFFERSON CITY, MO 65102

573-751-2462